



FELLOWSHIP APPLICATION

President: Herbert Silverstein, MD, FACS

Vice President: Seth Rosenberg, MD, FACS

VP/Director of Research: Jack Wazen, MD, FACS

Name: _____ **Social Security #:** _____

Address: _____ **Phone:** (____) _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Email address: _____

Date of Birth: _____ **Place of Birth:** _____

Medical School: _____

Internship: Hospital _____ **Year:** _____ **Services:** _____

Any special otology training Yes _____ No _____ (if yes, where) _____

Research Projects your have worked on: (Attach separate sheet if necessary)

Other training:

1. _____ Military Service Location _____
2. _____ Academic Location _____
3. _____ Clinic Practice Location _____
4. _____ Academic & Clinic Practice Location _____
5. _____ Research Location _____

What are your future career plans? (Attach separate sheet if necessary)

Do you have a Florida License? Yes _____ No _____ (If yes indicate #) _____

If no, do you have reciprocity with your state: Yes _____ No _____

If no, can you apply for a Florida License Yes _____ No _____

Available to begin a 12 Month Fellowship on: Day _____ Month _____ Year _____

Are you in good health Yes _____ No _____ (If no explain) _____

Applicant's Signature _____ **Date:** _____

Please include the following with your application:

1. Your Photograph.
2. Your complete *curriculum vitae* including any publications you have authored or co-authored
3. Three (3) Letters of recommendation. One must be from your Department Chairman.

These must be received prior to your interview.

Please submit to:

Ear Research Foundation
1901 Floyd Street
Sarasota, FL 34239

Or via email to: jmoss@earsinus.com

Thank you,
Jennifer Moss
941-365-0367